

Employee Connect for Health Colorado Addendum

Instructions: If your employer is applying for health insurance through Connect for Health Colorado, please fill out, sign, and submit this addendum with your employee application to your employer. You'll be contacted with information about how to start an account, find out about costs and coverage, and enroll in a plan. If someone is helping you fill out this application, you may need to complete **Worksheet A**.

Note: If your share of the cost of employee-only coverage is more than 9.5% of your household income, you may be able to get help paying for coverage through the Individual Health Insurance Marketplace. Visit ConnectforHealthCO.com to learn more.

Employee

First name, Middle name, Last name, & Suffix	Date of Birth (mm/dd/yyyy)
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Language Preference

Preferred Spoken & Written Language? ☐ English ☐ Spanish

Race & Ethnicity (optional)

If Hispanic/Latino, ethnicity (OPTIONAL—check all that apply.)

☐ Mexican
 ☐ Mexican American
 ☐ Chicano/a
 ☐ Puerto Rican
 ☐ Cuban
☐ Other _____

Race (OPTIONAL—check all that apply.)

<input type="checkbox"/> White or Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other _____
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Read & Sign This Addendum

1. I am signing this addendum under penalty of perjury, which means I have provided true answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.

2. I know that my information on this form will be used to determine eligibility for health coverage and will be kept private as required by law. If I am eligible, it will be used to help me enroll.

3. I know that I must tell Connect for Health Colorado if anything changes from (or is different than) what I wrote on my application or addendum. I agree that I will call my employer's agent or broker, visit ConnectforHealthCO.com, or call 1-855-PLANS-4-YOU (1-855-752-6749) to report changes.

4. I know that under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.

Employee Connect for Health Colorado Addendum - Continued

Read & Sign This Addendum

My right to appeal:

If I think Connect for Health Colorado has made a mistake, I can appeal its decision. To appeal means to tell someone at Connect for Health Colorado that I think the action is wrong and ask for a fair review of the action. I know that I can find out how to appeal by contacting the Marketplace at 1-855-PLANS-4-YOU or by visiting our website at ConnectforHealthCO.com. My eligibility and other important information will be explained to me.

Sign this addendum. The employee should sign this addendum.

Signature

Date (mm/dd/yyyy)

Completed Addendum and Questions

Return this addendum to your employer.

If you have any questions, please contact your employer or Connect for Health Colorado:

ConnectforHealthCO.com

1-855-PLANS-4-YOU (1-855-752-6749)

Note: If you need help in a language other than English, call and tell the service representative the language you need.

En Español: Llame a nuestro centro de servicio gratis para ayuda o para obtener una copia de este formulario en Español, al 1-855-PLANS-4-YOU (1-855-752-6749).

TTY/TDD: 1-855-346-3432

If you want to **register to vote**, you can complete a voter registration form at: govoteColorado.com/C4HCO